

Virginia Department of Medical Assistance Services

Division of Aging and Disability Services

Electronic Visit Verification (EVV) FAQ

Updated and Revised as of May 30, 2018

Question: Why is there a requirement to use an EVV system?

Answer: The federal 21st Century CURES Act requires states to implement Electronic Visit Verification (EVV). States must comply with this requirement for Medicaid in-home personal care by January 1, 2019 and for Home Health Services by January 1, 2023. If the state does not comply or has not been granted a deadline extension by CMS, the Federal medical assistance percentage will be reduced. The 2017 Virginia Appropriations Act expanded the use of EVV to include consumer directed personal care and respite and companion services effective January 1, 2019.

Question: What happens if I don't use an EVV system?

Answer: In order to continue to provide personal care, companion services, and respite care and to be reimbursed by Virginia Medicaid, the use of an EVV system is required. If a provider does not use an EVV system, the claim(s) will be denied.

Question: Will Virginia Medicaid provide a list of approved EVV vendors?

Answer: Virginia Medicaid does not and will not approve EVV vendor systems. To facilitate the adoption of an EVV system by the provider community, Virginia Medicaid may from time-to-time refer vendors to a list of EVV systems compiled by a third party. It is the responsibility of the provider to ensure that it meets Virginia Medicaid's requirements.

Question: What are the requirements for an EVV system?

Answer: Complete information is not available at this time as CMS is currently working on guidance. However, there are certain requirements that have been identified to date. The system must be able to verify the attendant is onsite. This can be accomplished by either GPS or caller ID from the member's home. Most EVV vendors have an option to handle this manually in the event cell service is not available or if the member does not have a telephone or will not let the attendant use their telephone.

Question: Can an individual/member receive services in the community with EVV?

Answer: Yes. The use of EVV does not change the services or location in which services are provided. Members will be permitted to receive services in accordance with their care plan and existing program rules.

Question: Are there any community settings where EVV will not be required?

Answer: Yes. EVV will not be required for individuals in group home licensed by Department of Behavioral Health and Developmental Services (DBHDS), a sponsored residential home, the Reach Program, or in a school where the personal care is tied to an Individualized Education Program (IEP).

Question: Will any of the Healthcare Common Procedure Coding System (HCPCS) billing codes change?

Answer: There will be no change to HCPCS coding.

Question: How long must records be maintained?

Answer: Provider records are to be maintained for six (6) years.

Question: Who pays for the EVV system?

Answer: The provider is required to obtain and pay for the use of their own EVV system. Virginia Medicaid will pay to modify its internal system that will allow EVV information to be uploaded.

Question: Will the Virginia Medicaid system have edit checks?

Answer: The Virginia Medicaid system will have several system edits. At this point, the following edits will be included:

- Standard edit processes such as member and provider eligibility;
- Verifying the claim or encounter is supported by and consistent with EVV data;
- Verifying the claim is supported by and consistent with a service authorization (SA);
- Pricing the claim using the appropriate rate for the procedure code submitted; and
- Checking for duplicate or overlapping services.

Question: Will there be the chance to test our EVV process with the billing system prior to the effective date of January 1, 2019?

Answer: The Virginia Medicaid system being developed to collect the required EVV data will include a testing phase. The plan is to allow access to the system 60 to 90 days prior to the effective reporting date.

Question: Is the State going to be measuring providers a new way?

Answer: The State will continue to measure providers as they do today. The only additional measurement when EVV is in place will be if providers are using EVV as instructed for personal care, companion services, and respite care.

Question: How will Virginia Medicaid verify a provider is using an EVV system?

Answer: When a claim is submitted for a service that requires EVV, the seven (7) data elements must be present and pass the edit checks. When an audit is performed the provider may be asked to provide the source EVV records. The records may be produced through the EVV system, or if the provider has changed vendors and no longer has access to the original EVV system, in an electronic version that can be viewed and printed through a common computer software program.

Question: Is GPS tracking required?

Answer: No. The physical address is required for submission.

Question: My agency provides one of the services that requires EVV. Will the Managed Care Organizations (MCOs) allow me to select an EVV system?

Answer: The provider is able to choose a system that best meets their own business needs that is compliant with Virginia Medicaid's reporting requirements. The MCO will be responsible for collecting the required EVV information.

Question: How will EVV work for Consumer Directed services?

Answer: The Fiscal/Employer Agent (F/EA) will provide access to an EVV system and coordinate training for both the attendant and the Medicaid member.

Question: Will the DMAS-90 form, Provider Aide Record, continue to be required with EVV?

Answer: DMAS will continue to require the collection of information required on the DMAS-90 form. The DMAS-90 form collects additional information that is not reported to DMAS such as the activity of service performed and observations of the individual's condition. A provider may incorporate information collected on the DMAS-90 form within their EVV system.

Question: In the event the EVV record needs to be modified, who is authorized to make the adjustment?

Answer: The EVV system must be capable of capturing the attendant's actual start and end time. In the event the time needs to be adjusted, the start or end time may be modified by someone who has authority to adjust the attendant's hours of pay. This may be an RN, a supervisor, the agency owner or designee who has authority to make independent verification. In no case should coworkers be allowed to adjust each other's time.